

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD
2007 NOV -1 AM 8:54

COMMITTEE NAME (Must be same as on Statement of Organization)

Maxwell for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Andrea Maxwell

Political Party (If applicable)

N/A

Office Sought

City Council

District (If Senate or House)

Ward 2

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE

REPORT

For Office Use Only

Comm: # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Kathy L Baker

SIGNATURE OF PERSON FILING REPORT

641-477-8680

TELEPHONE

11/1/07

DATE SIGNED

I AM FILING A November 1, 2007 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below)

2010.00

Schedule F: Loans Received total (Attach Schedule F)

.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2010.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1477.39

Schedule F: Loan Repayments total (Attach Schedule F)

.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

532.61

**UNPAID BILLS (From Schedule D - Attach Schedule D)

.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Maxwell for City Council

SCHEDULE
A

(Rev. 07/03)

**MONETARY
RECEIPTS**
☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/24/07	ID# CK#	Susan Williams 1725 Country Club Ln Marshalltown IA 50158		\$ 50.00	<input type="checkbox"/>
09/25/07	ID# CK#	Kathy Baker 1130 Canfield Ave Clemans IA 50021		50.00	<input type="checkbox"/>
09/27/07	ID# CK#	Bethany Wirin 417 N 8th St. Marshalltown IA 50158		25.00	<input type="checkbox"/>
09/28/07	ID# CK#	Gene L. Beach 408 Edgeland Dr. Marshalltown IA 50158		25.00	<input type="checkbox"/>
09/28/07	ID# CK#	Jack Harkness 621 Jerome St. Marshalltown IA 50158		35.00	<input type="checkbox"/>
10/01/07	ID# CK#	John J Over 2909 Ashcroft Dr Edmond OK 73034	Brother	50.00	<input type="checkbox"/>
10/01/07	ID# CK#	Patricia Williams 510 Brentwood Place Marshalltown IA 50158		250.00	<input type="checkbox"/>
10/02/07	ID# CK#	John J. Over 11323 Paseo Del Oro NE Albuquerque NM 87111	Father	500.00	<input type="checkbox"/>
10/03/07	ID# CK#	Kristi Cameron 508 Brentwood Place Marshalltown IA 50158		25.00	<input type="checkbox"/>
10/04/07	ID# CK#	Gail Thiessen 402 N 5th St. Marshalltown IA 50158		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1060.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Maxwell for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/05/07	ID# CK#	Jana T Over 7210 Windsor Lane Hyattsville MD 20782	Sister	\$ 100.00	<input type="checkbox"/>
10/08/07	ID# CK#	John P. Hermanson 500 N 6th St. Marshalltown		50.00	<input type="checkbox"/>
10/20/07	ID# CK#	Carolyn L. Anderson PO Box 1114 Marshalltown IA 50158		25.00	<input type="checkbox"/>
10/20/07	ID# CK#	Paul C Hermanson 208 E Church St Marshalltown IA 50158		50.00	<input type="checkbox"/>
10/25/07	ID# CK#	Janet L. Miller 2009 Gethmann Dr Marshalltown IA 50158		25.00	<input type="checkbox"/>
10/25/07	ID# CK#	Susan Williams 1725 Country Club Ln Marshalltown IA 50158		700.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 950.00

TOTAL (if last page of this schedule)

\$ 2010.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (REV. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Maxwell for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/28/07	ID# CK# 92	Minute Man Inc 101 S 1st St Marshalltown IA 50158	Brochures	\$ 106.95
10/01/07	ID# CK# 93	Andrea Maxwell 4 Denmead Blvd Marshalltown IA 50158	Stamps, copying expense, envelopes Reimbursed	21.67
10/26/07	ID# CK# 94	On-Media 2195 Ingersoll Ave Des Moines IA 50312	Cable TV advertising	504.00
10/26/07	ID# CK# 95	Times-Republican 135 W Main St Marshalltown IA 50158	Newspaper advertising	157.77
10/26/07	ID# CK# 96	Andrea Maxwell 4 Denmead Blvd Marshalltown IA 50158	Yard signs 1 Reimbursed	519.00
10/26/07	ID# CK# 97	KDAO 1930 N Center St Rd Marshalltown IA 50158	Radio advertising	168.00
10/31/07	ID# CK#	United Bank & Trust 2101 S Center St Marshalltown IA 50158	Bank service fee	5.35
11/01/07	ID# CK# 98	KDAO 1930 N Center St Rd Marshalltown IA 50158	TV Production Radio spots (adv)	380.00
SUB-TOTAL				\$1862.74
TOTAL (If last page of this schedule)				\$1862.74

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)